

REQUEST FOR LETTER OF CLEARANCE FROM THE STATE OF IDAHO

ATTN: AGENT LICENSING
IDAHO DEPARTMENT OF INSURANCE
700 W STATE ST FL 3
PO BOX 83720
BOISE ID 83740-0043

Please forward a Letter of Clearance for the state of _____
for _____ Idaho license # _____
Name of producer

Please forward this letter of clearance to my current address:

My phone number is _____.

My license is enclosed ☐

A loss of license affidavit is attached ☐

I understand that my license will be cancelled upon issuance of the letter of clearance and that I will not be able to conduct insurance business in Idaho until I notify this Department with a letter of certification from the new domicile state and signed request to reinstate my license as a non-resident, along with all new address, phone, fax and email information.

NO FEE REQUIRED